

SNOW REMOVAL ASSISTANCE PROGRAM APPLICATION 2016/2017

(must apply annually)

The purpose of the program is to open <u>DRIVEWAY ENTRANCES ONLY</u>. This program is for those citizens who own their own home and cannot do the work themselves due to a medical impairment and who do not have any other family members who can assist.

DATE:	
NAME:	DATE OF BIRTH:
PHYSICAL	
ADDRESS:	
MAILING ADDRESS	
(If different from above):	
PHONE:	MEDICAL REFERENCE (doctor):
How and by whom has snow been removed from your driveway in the past?	
I authorize the City of Warsaw to interview me, and if needed, contact my personal physician for the purpose of determining qualification for participation in the snow removal assistance program.	
SIGNATURE:	
If you have any questions regarding snow removal, please contact the City of Warsaw Parks & Recreation Department at 574-372-9554, x221.	
Please mail or drop off application to:	
Warsaw Parks & Recreation Department	
Attn: Snow Removal Program	
	117 E. Canal Street
	Warsaw, IN 46580
FOR OFFICE USE ONLY	
Approved	DATE:
Disapproved	REASON:
Signature:	